



Return completed form to:  
 St. Joseph Parish, 7900 Trendwood Dr.,  
 Lincoln, NE 68506 (402) 483-2288  
 Or email [dee-bride@cdolinc.net](mailto:dee-bride@cdolinc.net)  
**Family Registration— PLEASE PRINT**

*For Parish Office Only*  
 Registration  
 Date: \_\_\_\_\_  
 Env.# \_\_\_\_\_

Family Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Family Email: \_\_\_\_\_  
 (Please check one) Envelopes: \_\_\_\_\_ On-line Giving: \_\_\_\_\_ (<http://www.stjosephlnk.org>)

1. MALE'S FIRST NAME \_\_\_\_\_
2. Religion: \_\_\_\_\_
3. Military: \_\_\_ Army \_\_\_ Navy \_\_\_ Air Force \_\_\_ National Guard \_\_\_ Retired Military
4. DOB: \_\_\_/\_\_\_/\_\_\_ Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed
5. Sacramental Information (check all that apply) \_\_\_ Baptism \_\_\_ First Eucharist: \_\_\_ Confirmation
6. Occupation: \_\_\_\_\_

1. FEMALE'S FIRST NAME \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_
2. Religion: \_\_\_\_\_
3. Military: \_\_\_ Army \_\_\_ Navy \_\_\_ Air Force \_\_\_ National Guard \_\_\_ Retired Military
4. DOB: \_\_\_/\_\_\_/\_\_\_ Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed
5. Sacramental Information (check all that apply) \_\_\_ Baptism \_\_\_ First Eucharist: \_\_\_ Confirmation
6. Occupation: \_\_\_\_\_

Name	Gender M/F	DOB	Baptism	Eucharist	Confirmation
1.		___/___/___			
2.		___/___/___			
3.		___/___/___			
4.		___/___/___			
5.		___/___/___			